FLWEMS Paramedics Adult Protocol for the Management of:

# SIMPLE TRIAGE AND RAPID TRANSPORT TRIAGE

*(S.T.A.R.T. Triage)*

**Triage Decision Scheme**

1. If examination of patient reveals that any one of the following abnormal vital signs exist:

   - Glasgow Coma Scale of 13 or less
   - Systolic Blood Pressure of 90 or less
   - Respiratory Rate of 10 per minute or less, or greater than 29 per minute
   - Sustained Pulse Rate of 120 per minute or more

***-- OR --***

2. If examination of the patient reveals that any one of the following abnormal physical findings exist:

   - Head trauma with altered state of consciousness, hemiplegia, or uneven pupils
   - Penetrating injuries of the head, neck, torso, and extremities proximal to the elbow or knee
   - Chest trauma with respiratory distress or signs of shock
   - Pelvic fractures
   - Amputations proximal to the wrist or ankle
   - Limb paralysis
   - Two or more proximal long bone fractures
   - Combination of trauma with burns

**PATIENT SHOULD BE CONSIDERED AN UNSTABLE PATIENT AND SHOULD BE TRANSPORTED TO THE REGIONAL TRAUMA CENTER (St. JOHN's – SPRINGFIELD or UNIVERSITY of MISSOURI – COLUMBIA)**

3. If none of the previous conditions exist:

   a. Evaluate for evidence of the following mechanism of injury and high energy impact:

      - Fall of 20 feet or more
      - Patient struck by a vehicle moving 20 MPH or more
      - Patient ejected from a vehicle
      - Vehicle rollover with the patient unrestrained
      - High speed crash (initial speed of > 40 MPH) with 20 inches of major front end deformity, 12 inches or more deformity into the passenger compartment
        Patient was a survivor of an MVC where a death occurred in the same vehicle,

***-- OR --***

   b. The following type of patients are involved:

      - Age of less than 5 years, or over 55 years
      - History of cardiac disease, respiratory disease, insulin dependent diabetes, cirrhosis, or morbid obesity
      - Pregnancy
      - Immunosupressed patients
      - Patients with bleeding disorders, or patients on anticoagulants.

**IF ANY OF THE ABOVE CONDITIONS EXIST, CONTACT MEDICAL CONTROL FOR ADVICE AND CONSIDERATION REGARDING TRANSPORTING THE PATIENT TO THE REGIONAL TRAUMA CENTER CENTER (St. JOHN's – SPRINGFIELD or UNIVERSITY of MISSOURI – COLUMBIA)**

3. The following major burn patients should be transported to the regional trauma center for stabilization and possible transfer to a regional burn center. Consider aero-medical transport directly from the scene to a burn center:

- Burns of greater than 30% of body surface area in adults, or 15% body surface area in children
- Burns of the head, hands, feet, or perineum
- Inhalation injuries
- Electrical burns
- Burns associated with multiple trauma or severe medical problems.

**Trauma Treatment**

1. All trauma patients must be managed as though a spine injury exists unless mechanism of injury proves otherwise (i.e. isolated extremity trauma, distal gunshot wound, etc.).

- Spine must be kept in alignment
- Airway must be managed without hyperextension.

2. INITIAL ASSESSMENT and MANAGEMENT must include:

- Evaluate mental status, stabilize the spine, and expose as necessary.

| | |
|---|---|
| **AIRWAY** | Open airway and suction as necessary.<br>Secure the airway and intubate if respiratory arrest is imminent. |
| **BREATHING** | Rapidly evaluate and treat major chest trauma. Administer high concentration oxygen by non-rebreathing mask and assist ventilations as necessary. |
| **CIRCULATION** | Control any major hemorrhage and support circulation with Anti-Shock Trousers as indicated in the Anti-Shock Trouser Procedure. |

3. Obtain baseline vital signs and determine patient's status (CUPS).

**C**ritical Patients

**U**nstable Patient

→ Immediate airway management, then transport with further assessment and resuscitation while en-route to the hospital.

**P**otentially Unstable

**S**table Patients

→ Initial management of the patient may be done on the scene. Continue on to steps 4 and 5.

***NOTE***: UNSTABLE MULTIPLE TRAUMA PATIENTS SHOULD NOT BE TREATED ON THE SCENE FOR MORE THAN 10 MINUTES (disentanglement problems excluded).

**TRANSPORTATION SHOULD NOT BE DELAYED TO ESTABLISH ALS PROCEDURES. ASSESSMENT AND TREATMENT CONTINUES EN-ROUTE TO THE HOSPITAL.**

**DO INITIAL AIRWAY MANAGEMENT, IMMOBILIZE THE SPINE, AND DO ALL OTHER PATIENT CARE WHILE EN-ROUTE TO THE HOSPITAL.**

4. Perform a Rapid Trauma Assessment or a Focused Trauma Assessment as appropriate.

5. During transport, obtain a current and past history, establish additional ALS procedures (IV's, etc.), contact Medical Control as necessary, and treat the patient according to Medical Control directions.

**REMINDER**

**FOR UNSTABLE PATIENTS, ALL OF STEPS 4 AND 5 SHOULD BE DONE EN-ROUTE TO THE HOSPITAL.**

**Triage**

1. Initial patient assessment and treatment should take less than 30 seconds for each patient.

2. Patients are triaged based upon 4 factors:

   - Ability to walk away from the scene
   - Respiration > or < 30 respirations per minute
   - Pulse – Radial pulse? or capillary refill < or > 2 seconds
   - Mental Status – able/unable to follow simple commands

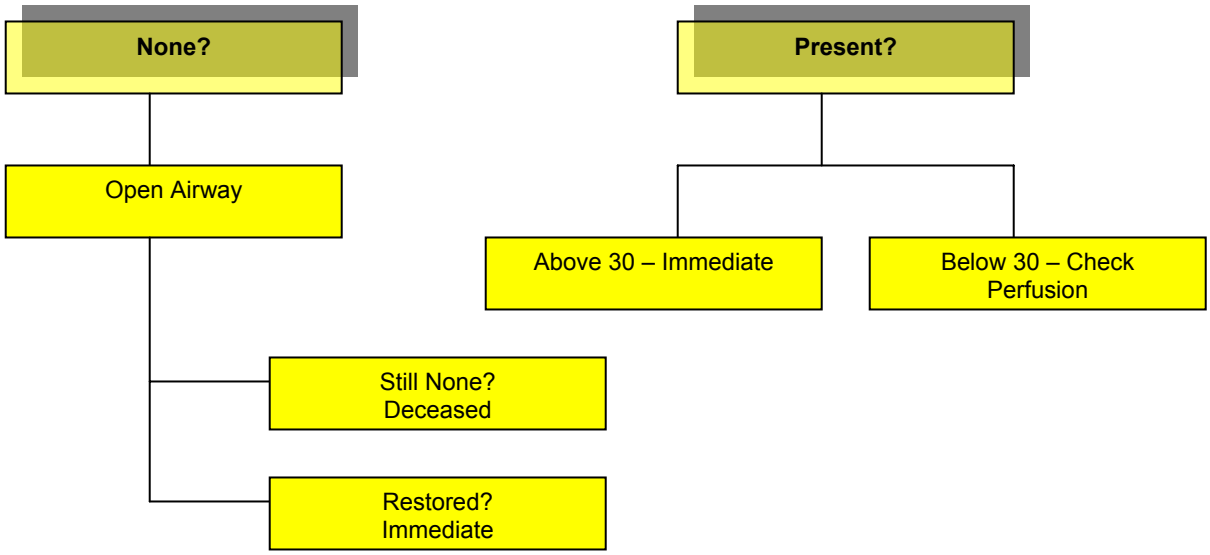
**R. P. M.**

**R**espirations
**P**ulse
**M**ental Status

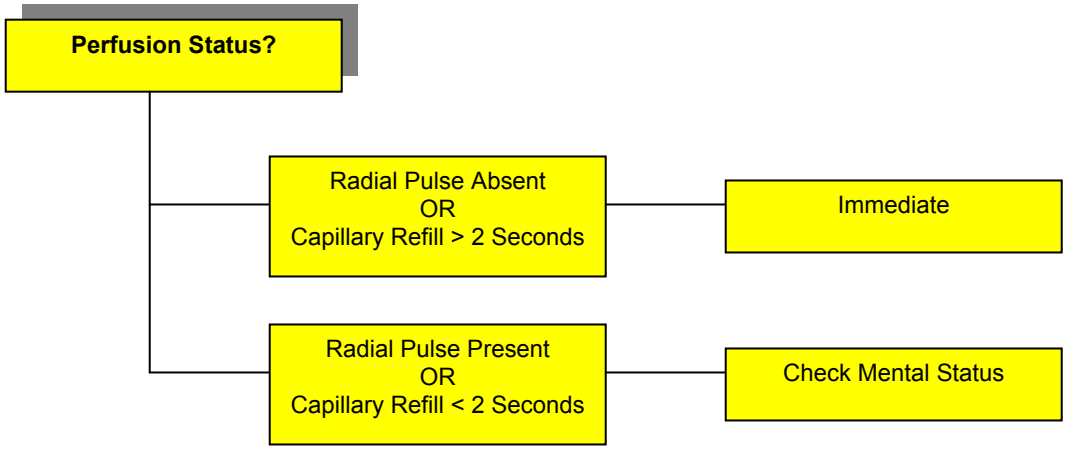
3. First - clear the walking wounded using verbal instructions.

   - Direct them to the treatment areas for detailed assessment and treatment
   - These Patients are triaged **MINOR**
   - Now check your **RPM**'s

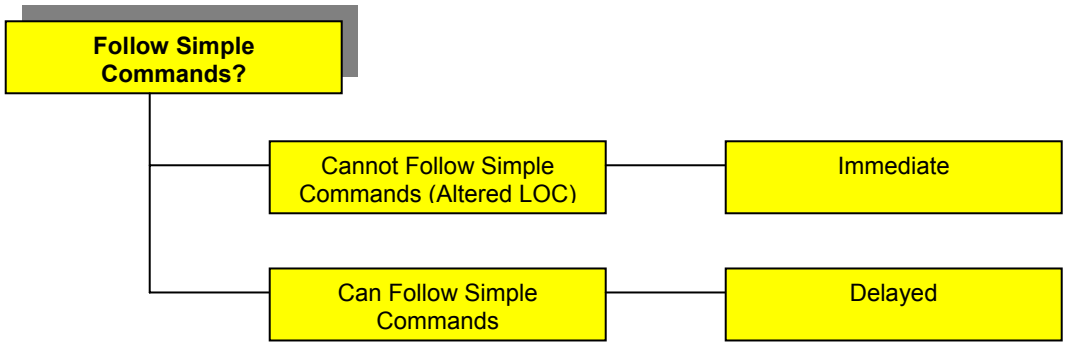
4. Assess respiration's




5. Assess Perfusion.




6. Mental Status



7. If patient is immediate – Code Red upon initial assessment, attempt *only* to correct airway blockage or uncontrolled bleeding before moving on to next patient.

8. When things get hectic with multiple patients rev up your RPM's.

- **R** - Respiration - **30**
- **P** - Perfusion - **2**
- **M** - Mental status - **CAN do**

Mnemonic: ***30 – 2 – CAN DO***

9. The S.T.A.R.T. process permits a limited number of rescuers to rapidly triage a large number of patients without specialized training.

10. Patients are systematically moved to treatment areas where more detailed assessment and treatment are conducted.

**Trauma Transport**

**All reference to times in this protocol begin at the time that EMS providers become aware of the unstable classification of the patient. This may be at the time of dispatch or at the time of arrival on the scene. These times DO NOT refer to transport times!**

1. Trauma Arrest patients need to go to the nearest hospital by ground ambulance.

2. For all other UNSTABLE burn patients:

   - If less than 30 minutes from the Regional Burn Center, transport the patient directly there.

   - If greater than 30 minutes from the Regional Burn Center, consider using aero-medical assistance for scene extrication (call as early as possible) if:

     1. Air transport will result in a significant time savings for patient arrival at the Regional Burn Center over ground transport.

     ***-- OR --***

     2. The aero-medical crew can provide specific interventions or rescue procedures needed at the scene.

   - If no helicopter is available and less than 45 minutes from the Regional Trauma Center, transport the patient directly to the closest hospital.

3. For any patient whose airway is not manageable:

   - If less than 15 minutes from any hospital, transport the patient directly there.

   - If greater than 15 minutes from a hospital, consider calling for aero-medical assistance (if ETA to a hospital is less than the ETA of a helicopter, transport the patient to the hospital).

**FOR ALL UNSTABLE PATIENTS, CONTACT MEDICAL CONTROL AT THE DESTINATION FACILITY AS SOON AS POSSIBLE!**

4. When considering aero-medical transport, **CALL EARLY** based on the patient's physiologic classification as unstable.

5. Do not delay on the scene for the helicopter. If the patient is packaged and ready for transport, start en-route to the hospital and reassign the Landing Zone either closer to the hospital or at the hospital's designated Landing Zone; the helicopter can intercept with you.

**Regional Trauma Centers**

1. St. John's Hospital & Clinics – Springfield, Missouri
2. University of Missouri Hospital & Clinics – Columbia, Missouri

**Local Area Hospitals**

1. General Leonard Wood Army Community Hospital – Fort Leonard Wood, Missouri
2. Phelps County Regional Medical Center – Rolla, Missouri
3. St. John's Hospital Lebanon – Lebanon, Missouri
4. Lake Regional Hospital – Osage Beach, Missouri
5. Texas County Memorial Hospital – Houston, Missouri

**IF YOU NEED MEDICAL ADVICE ON TRAUMA PATIENTS, CONTACT "ON-LINE" MEDICAL CONTROL AS QUICKLY AS POSSIBLE AND EXPLAIN THE SITUATION(S) TO A ON-DUTY PHYSICIAN**

**WHEN YOU HAVE THREE OR MORE UNSTABLE TRAUMA PATIENTS AT A SINGLE ACCIDENT SCENE, ESTABLISH EMS COMMAND AND USE THOSE MODALITES (TRIAGE, TREATMENT, TRANSPORT), NOTIFY THE GENERAL LEONARD WOOD ARMY COMMUNITY HOSPITAL – EMERGENCY DEPARTMENT TO ACTIVATE THE REGIONAL MCI PLAN(S) THAT ARE INDICATED.**

**MAKE SURE THAT YOU CALL THE HOSPITAL(S) THAT YOU ARE PLANNING TO TRANSPORT UNSTABLE OR POTENTIALLY UNSTABLE TRAUMA PATIENTS TO AS EARLY AS POSSIBLE. THIS SHOULD BE DONE WHILE THE PATIENTS ARE STILL AT THE SCENE.**

**CAIRA/Chemical Surety Considerations**
None

**END OF SOP – NOTHING FOLLOWS**